

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 1, 2003

RE: MDR Tracking #: M2-03-0805-01-ss

IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a neurosurgeon reviewer who is board certified in neurosurgery. The neurosurgeon reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant was a 39-year old man who was well until ___ when he injured his low back while at work. He developed low back and left leg pain and was treated conservatively. He failed to improve, and imaging studies of the low back showed small left paracentral disc herniation and a congenitally small spinal canal.

In January of 2002, he underwent a left L4-L5 lumbar hemilaminotomy with medial facetectomy and discectomy. He apparently did well for 4-5 weeks, and then his left low back and left lower limb pain returned. He has had extensive imaging studies since that time with failed physical therapy and conservative treatments.

Requested Service(s)

A lumbar posterior inner body fusion using cages at L4-L5 with a posterolateral fusion extending from L4 to the sacrum and the use of an EBI stimulator has been proposed.

Decision

I do not agree that this procedure is medically necessary.

Rationale/Basis for Decision

This man has constant, persistent low back and left lower extremity pain. His CT/myelogram of the lumbar spine, as well as an MRI with and without contrast material, indicate that he has a congenitally small spinal canal, extensive spondylotic changes at L4-L5, a left lateral shelf, and severe left foraminal narrowing and moderate foraminal narrowing on the right.

He does not have right leg pain. The documentation does not support the medical necessity of a two-level fusion, which is felt to be an excessive operative procedure to resolve the claimant's symptomatology.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.